

12-21-04 08:28 FROM Merchant & Gould

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T-328 P.001 F-888

10/705607

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TO: Commissioner for Patents
Attn: Examiner K. Schulterbrandt
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: Joshua N. Randall
OUR REF: 12929.1106US01
TELEPHONE: 612.371.5387

Total pages, including cover letter: 11

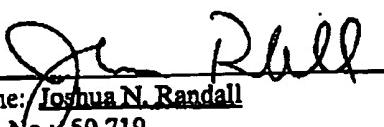
PTO FAX NUMBER 1.703.872.9306

If you do NOT receive all of the pages, please telephone us at 612.336.4664, or fax us at 612.332.9081.

Title of Document Transmitted: AMENDMENT

Applicant: HOLT ET AL.
Serial No.: 10/705,607
Filed: NOVEMBER 10, 2003
Group Art Unit: 3632
Our Ref. No.: 12929.1106US01
Confirmation No. 4697

Please charge Deposit Account No. 13-2725 in the amount of \$50 for one additional dependent claim. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: 
Name: Joshua N. Randall
Reg. No. 50,719

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.


Signature

December 21, 2004
Date

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PAGE 1/11 * RCVD AT 12/21/2004 9:28:30 AM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/1 * DNI:8729306 * CSID:6123329081 * DURATION (mm:ss):03:18

01/11/2005 DNASH1 00000003 132725 10705607
01 FC:1202 50.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10705607

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20= *	1
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 22	Minus ** 21	= 1
Independent	* 3	Minus *** 3		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

1 9 18

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **		=
Independent	* Minus ***			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **		=
Independent	* Minus ***			=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY
TYPE

RATE	FEES
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

OTHER THAN
OR SMALL ENTITY

RATE	FEES
BASIC FEE	770.00
X\$18=	18
X86=	
+290=	
TOTAL	788

OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
50	
X\$ 9=	50
X43=	
+145=	
TOTAL ADDIT. FEE	50

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.